

UNITED STATES COMBINED DECLARATION AND STATEMENT	AMERICA ATTORNEY FOR PATENT APPLICATION	OFGS FILE NO. P/3501-9
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As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ENHANCEMENT OF PROFILED TUBULAR LINING SYSTEMS BY CHANNEL AUGMENTATION**

the specification of which is attached hereto, unless the following box is checked:

☒ was filed on 28 July 1999 as United States patent Application Number or PCT International patent application number PCT/US99/16968 and was amended on 11 September, 2000 and 13 November 2000 (if any).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information known to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate or United States provisional application(s) listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
U.S.A.	60/094,326	28 July 1998	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

UNITED STATES APPLICATION NUMBER	DATE OF FILING (day, month, year)	STATUS (patented, pending, abandoned)

I hereby appoint customer no. 2352 OSTROLENK, FABER, GERB & SOFFEN, LLP, and the members of the firm, Samuel H. Weiner - Reg. No. 18,510; Jerome M. Berliner - Reg. No. 18,653; Robert C. Faber - Reg. No. 24,322; Edward A. Meilman - Reg. No. 24,735; Stanley H. Lieberstein - Reg. No. 22,400; Steven I. Weisburd - Reg. No. 27,409; Max Moskowitz - Reg. No. 30,576; Stephen A. Soffen - Reg. No. 31,063; James A. Finder - Reg. No. 30,173; William O. Gray, III - Reg. No. 30,944; Louis C. Dujmich - Reg. No. 30,625 and Douglas A. Miro - Reg. No. 31,643, as attorneys with full power of substitution and revocation to prosecute this application, to transact all business in the Patent & Trademark Office connected therewith and to receive all correspondence.

SEND CORRESPONDENCE TO: **OSTROLENK, FABER, GERB & SOFFEN, LLP** DIRECT TELEPHONE CALLS TO:  
 1180 AVENUE OF THE AMERICAS (212) 382-0700  
 NEW YORK, NEW YORK 10036-8403  
 CUSTOMER NO. 2352

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF FIRST JOINT INVENTOR <b>Jack Curtis TAYLOR</b>	INVENTOR'S SIGNATURE	DATE
RESIDENCE (City and either State or Foreign Country) <b>Conroe, Texas</b>		COUNTRY OF CITIZENSHIP <b>CANADA</b>
POST OFFICE ADDRESS <b>27221 Kane Lane, Conroe, TX 77385</b>		
FULL NAME OF SECOND JOINT INVENTOR <b>Max Jerry Roach</b>	INVENTOR'S SIGNATURE	DATE
RESIDENCE (City and either State or Foreign Country) <b>Conroe, Texas</b>		COUNTRY OF CITIZENSHIP <b>U.S.A.</b>
POST OFFICE ADDRESS <b>27286 Jimmy Lane, Conroe, TX 77385</b>		
FULL NAME OF LEGAL REPRESENTATIVE <b>Louise F. ROACH, executrix of the estate of Max Jerry ROACH</b>	SIGNATURE <i>Stephen R. Roach</i> FOR <b>LOUISE F. ROACH</b>	DATE <b>9-13-01</b>
RESIDENCE (City and either State or Foreign Country) <b>Conroe, Texas</b>		COUNTRY OF CITIZENSHIP <b>U.S.A.</b>
POST OFFICE ADDRESS <b>27286 Jimmy Lane, Conroe, TX 77385</b>		

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## GENERAL POWER OF ATTORNEY

(With Durable Provision)

**NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.**

**TO ALL PERSONS**, be it known that I, Louise F. Roach  
of 17286 Jimmy Lane, Conroe, TX 77385, Montgomery County,  
the undersigned Grantor, do hereby make and grant a general power of attorney to  
Stephen R. Roach of 748 South Illinois, League City, TX  
77573, Galveston County  
and do thereupon constitute and appoint said individual as my attorney-in-fact.

My attorney-in-fact shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The grantor must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (O) below for which the Grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

- [ LR ] (A) Real estate transactions
- [ LR ] (B) Tangible personal property transactions
- [ LR ] (C) Bond, share and commodity transactions
- [ LR ] (D) Banking transactions
- [ LR ] (E) Business operating transactions
- [ LR ] (F) Insurance transactions
- [ LR ] (G) Gifts to charities and individuals other than Attorney-in-Fact  
(If trust distributions are involved or tax consequences are anticipated, consult an attorney.)
- [ LR ] (H) Claims and litigation
- [ LR ] (I) Personal relationships and affairs
- [ LR ] (J) Benefits from military service
- [ LR ] (K) Records, reports and statements

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If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.



- [ *Yes* ] (L) Full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact shall select
- [ *Yes* ] (M) Access to safe deposit box(es)
- [ *Yes* ] (N) All other matters

**Durable Provision:**

- [ *Yes* ] (O) If the blank space in the block to the left is initialed by the Grantor, this power of attorney shall not be affected by the subsequent disability or incompetence of the Grantor.

**Other Terms:**

*Power of attorney is hereby granted for a term of one year from date of this document.*

My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under seal this

day of

(year).

Signed in the presence of:

*Larry L. Bendig*  
 \_\_\_\_\_  
 Witness

*Louise C. Roach*  
 \_\_\_\_\_  
 Grantor

*[Signature]*  
 \_\_\_\_\_  
 Witness

*Stephen R. Roach*  
 \_\_\_\_\_  
 Attorney-in-Fact

State of TEXAS

County of HARRIS

On MAY 25, 2001

before me, MYRA L. SANCHEZ

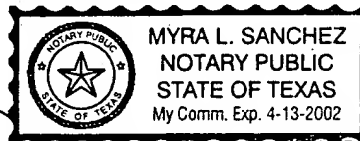
LOUISE C. ROACH &amp; STEPHEN R. ROACH

, appeared  
 , personally known

to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature *Myra L. Sanchez*  
 \_\_\_\_\_



Affiant \_\_\_\_\_ Known \_\_\_\_\_ Produced ID ☒

if your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.